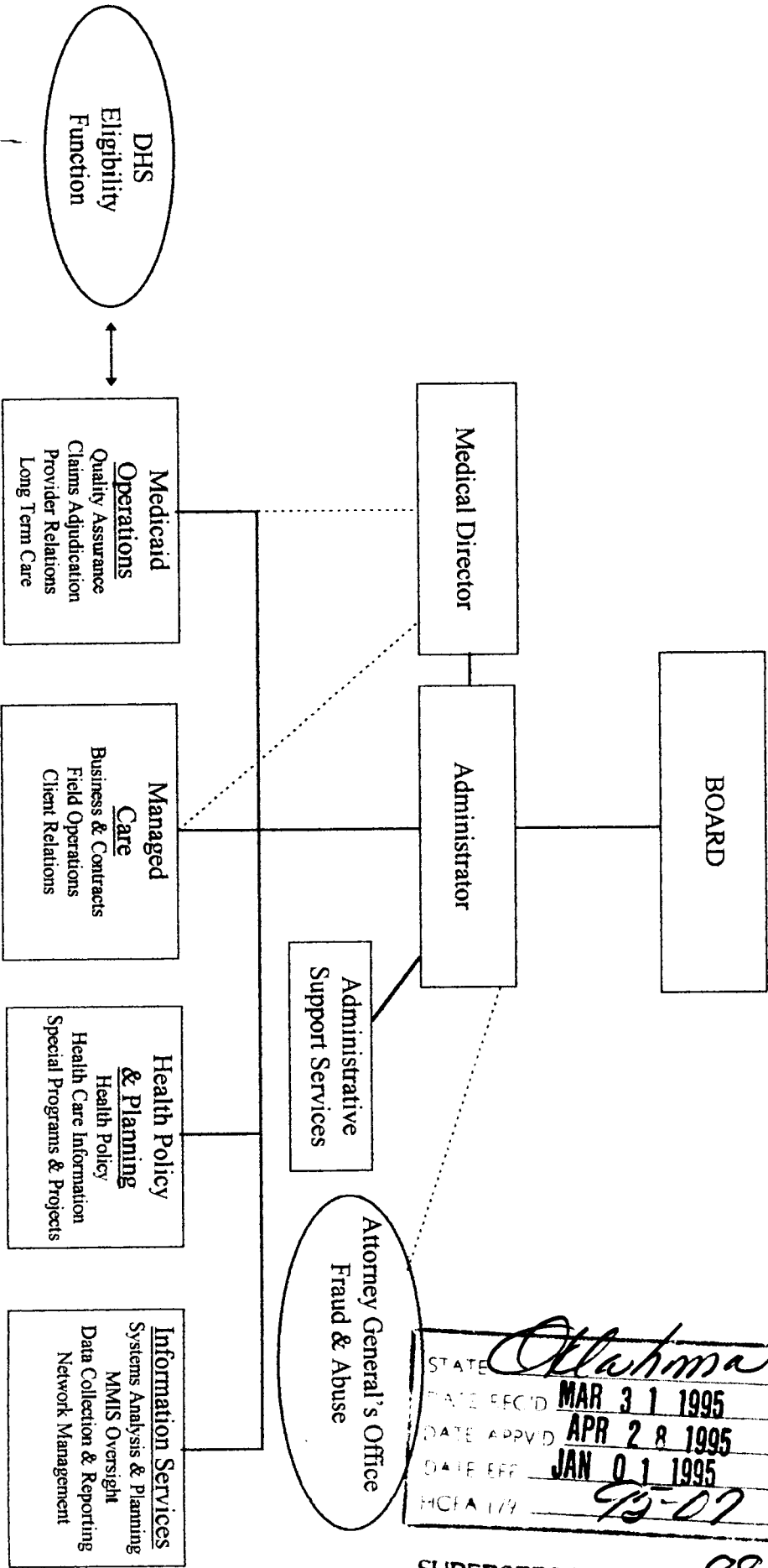


HEALTH CARE AUTHORITY ORGANIZATIONAL STRUCTURE



STATE <i>Oklahoma</i>		A
DATE REC'D	MAR 31 1995	
DATE APP'D	APR 28 1995	
DATE EFF	JAN 01 1995	
HCFA #	95-07	

SUPERSEDES: TN - 88-16

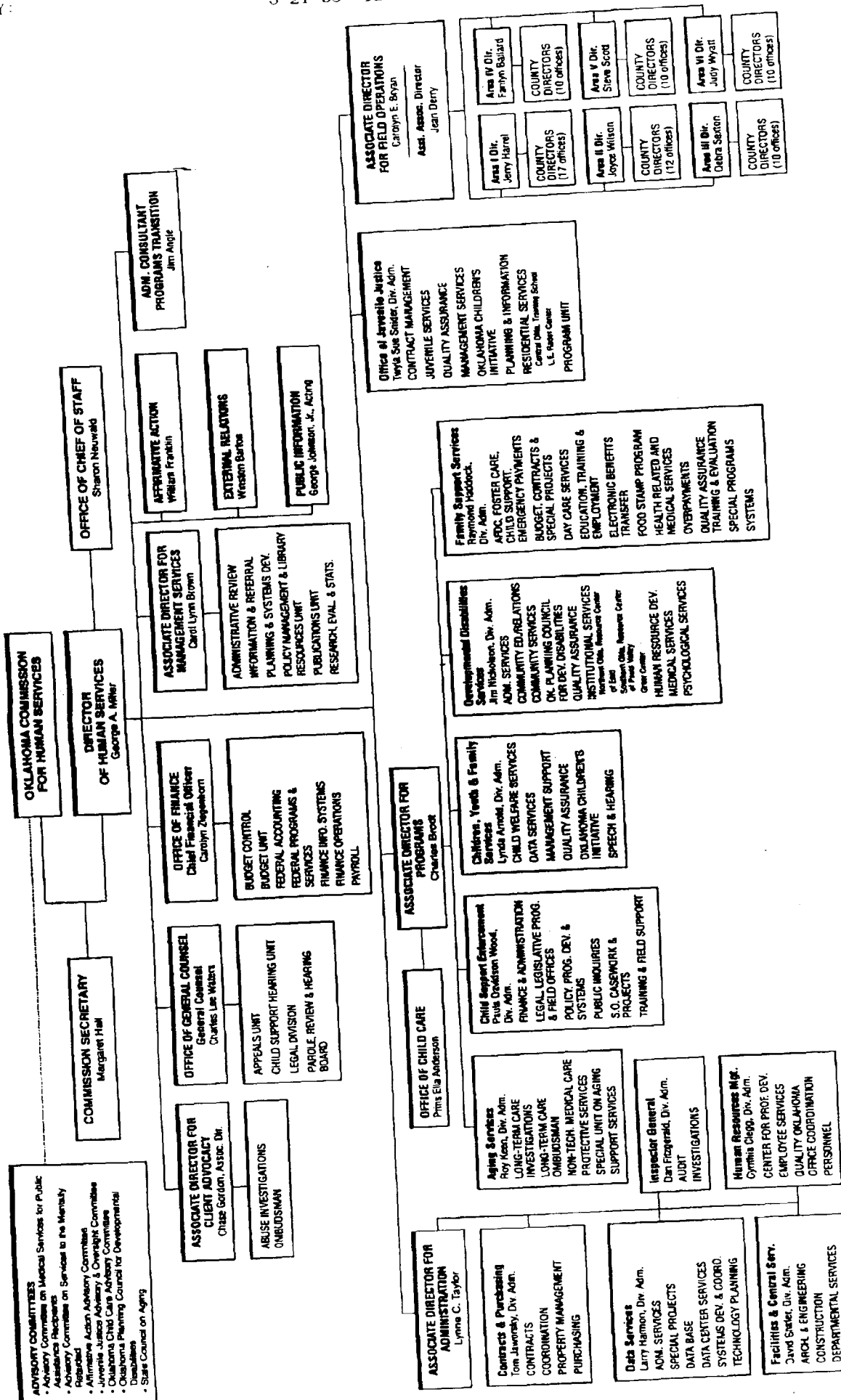
Revised 01-01-95

TN# _____
Supersedes
TN# _____

Approval Date _____

Effective Date _____

Exhibit 1-15-95



Organizational Structure of the Oklahoma Health Care Authority

The Oklahoma Health Care Authority is governed by a seven-member Board, appointed by the Governor, President Pro Tem of the State Senate and Speaker of the House of Representatives. The Authority operates under the direction of an Administrator who serves at the pleasure of the Board of Directors for the Oklahoma Health Care Authority.

The Health Care Authority contains four major operational areas:

- Medicaid Operations
- Health Policy and Planning
- Information Services
- Managed Care

Each of these four areas is overseen by senior agency administrators who report to the Authority Administrator. In addition, OHCA includes a Medical Director's Office and various support units, all of which also report to the Authority Administrator. The organizational charts displayed on Attachment 1.2-A, Page 1 and 1.2-B, Page 1, present an overview of OHCA's structure which is referenced here.

Medicaid Operations

Medicaid Operations began within the Oklahoma Health Care Authority on January 1, 1995. This division has the primary responsibility of day-to-day operation of the Medicaid program and coordination with other entities.

Specific responsibilities within Medicaid Operations include:

- Overseeing Program Operations. The division, (a) coordinates with DHS (the Medicaid eligibility determination agency), (b) conducts Title XIX quality assurance duties (in coordination with the Medical Director's Office), and (c) ensures that the Health Care Authority is in compliance with all applicable federal requirements.
- Overseeing the State Fiscal Intermediary. The Oklahoma Title XIX program processes fee-for-service claims. This division is responsible for overseeing activities of the State's fiscal intermediary and coordinating fee-for-service claims processing with other management information system tasks performed by the Information System Division.

Revised 01-01-95

TN No. <u>95-07</u>	Approval Date <u>APR 28 1995</u>	Effective Date <u>JAN 01 1995</u>
Superseded	STATE <u>Oklahoma</u>	
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- Operating a Grievance and Appeals Function. This division operates the Medicaid program's grievance and appeals office through which Medicaid beneficiaries, providers and health plans are able to seek redress of problems related to enrollment/participation in the program.

In order to carry out its responsibilities, the Medicaid Operations Division is divided into four offices, each overseen by an Agency manager. The offices, and their responsibilities, are:

- Quality Assurance Unit. Responsible for monitoring the performance of Title XIX providers in compliance with State standards.
- Claims Adjudication. Responsible for processing fee-for-service claims and distributing warrants for these services. They are also responsible for third-party liability recovery for fee-for-service.
- Provider and Client Relations. Assist in resolving problems encountered by providers in the delivery of services to Medicaid recipients. This unit monitors policy to ensure providers are furnished correct information. In addition, they conduct external training to provider staff.
- Long Term Care. Responsible for payment and adjudication of long term care claims.

Health Policy and Planning

The Health Policy and Planning Division is responsible for interaction with HCFA regarding: (a) all State Plan amendments, (b) development of all state and federal documents necessary to implement and administer agency programs, (c) development/updating fee-for-service rates and reporting program information and data to HCFA, (d) development of Agency policy and procedures and rule promulgation, (e) initiation and operation of all waiver-related projects, and (f) oversight of the research and evaluation component of managed care.

Specific responsibilities for the Health Policy and Planning Division include:

- Developing Internal Policies and Procedures. This division is responsible for developing and maintaining a policy manual for operation of the Medicaid program.

Revised 01-01-95

TN No. 95-07
Supersedes 88-11 Approval Date APR 28 1995 Effective Date JAN 01 1995
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- Implementing/Revising State Plan. Responsibilities include proposing, developing and amending the State Plan for the Medicaid Program and monitoring the Agency's compliance with the Plan.
- Operating Home and Community-Based Waivers. Responsible for writing and submitting all home and community-based waivers for the Medicaid program as well as subsequent policy in order to implement the waivers.
- Administering Special Programs. In addition to other activities, this division manages any special policy programs, such as grant projects assigned to the Health Care Authority.
- Overseeing Research and Evaluation Activities. The division collaborates with HCFA in the research component of any waivers and collects necessary data from consumers, providers and health plans to monitor program performance against established objectives.
- Gathering Health Information. The collection, evaluation and dissemination of consumer, provider and health plan data related to operation of Medicaid services and managed care is handled by this division. This office has been granted authority under State Law to collect health data from providers for population groups other than Title XIX beneficiaries, thereby ensuring that compatible information is available for Medicaid and non-Medicaid recipients in Oklahoma.

Information Services

The Information Systems Division administers the State's Medicaid Management Information Systems (MMIS).

Specific responsibilities of Information Services include:

- Performing Information System Planning. The division submits an Advanced Planning Document to HCFA describing modifications to be made to the State's MMIS for purposes of operating the Medicaid program. The division oversees implementation of modifications once approved by HCFA.
- Oversees the MMIS. Handles the day-to-day operation of the MMIS, including collection of encounter data and other minimum data set elements, as well as the production of management reports in support of the Agency's health plan/provider monitoring activities and its research function.

Revised 01-01-95

TN No. 95-07
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- Coordinating with the DHS Information System. The Information Division works directly with its counterpart at the Department of Human Services to coordinate transfer of welfare information system eligibility and enrollment data to the MMIS.

Managed Care

The Managed Care division, in collaboration with Health Policy and Planning, is responsible for implementation and expansion of managed care for the Medicaid program throughout the State.

Specific responsibilities for the Managed Care division include:

- Contracting with urban health plans. The division is responsible for developing the Request for Proposals for health plans, overseeing evaluation of proposals received from health plans, capitation rate negotiations and updating health plan contracts as necessary to meet Federal requirements.
- Contracting with rural primary care providers. Rural providers are offered a standard contract and pre-established, actuarially-determined capitation rates. The Managed Care division is responsible for drafting/updating these contracts and soliciting physicians to serve as primary care providers.
- Benefits package design. The Managed Care division is responsible for the development of the final capitated benefit packages offered in urban and rural communities.
- Monitoring health plan/rural primary care provider operations and financial status. The Managed Care division develops operational and financial standards for urban health plans and rural primary care providers and is responsible for monitoring the performance of both groups against these standards. The division conducts periodic field audits of health plans/providers to obtain more detailed information on performance against State and Federal standards.
- Operating and State's Reinsurance Program. *SoonerCare* includes a self-funded reinsurance program for partial payment of claims incurred by members above a pre-determined threshold. The Managed Care division has responsibility for coordinating administration of the non-medical component of the reinsurance program (medical case management activities is performed by the Medical Director's office).

Revised 01-01-95

TN No. <u>95-07</u>	Approval Date <u>APR 28 1995</u>	Effective Date <u>JAN 01 1995</u>
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- Performing Provider Managed Care Education. The division educates physicians and other providers about the managed care program and responds to questions/complaints concerning State policies and actions.

In order to carry out these duties, the Managed Care division is divided into two offices, each overseen by an Agency manager. The offices, and their responsibilities, are:

- Business and Contracts. Responsible for health plan/rural primary care provider contracting and coordination of the reinsurance program.
- Field Operations. Responsible for monitoring health plan/provider compliance with operational and financial standards; provider relations; and dissemination of materials to managed care enrollees in coordination with Department of Human Services field offices, where eligibility determination occurs.

Office of Medical Director

This office functions as an independent unit within the Health Care Authority with formal reporting responsibility to the Authority Administrator and dotted line relationship with the Directors of the Managed Care and Medicaid Operations Divisions. This office is headed by a physician whose primary duties include: (a) establishing provider participation standards, (b) conducting periodic medical audits of providers/health plans, (c) overseeing and monitoring provider/health plan quality assurance, (d) helping to coordinate work of other medical personnel, and (e) initiating medical management activities (in coordination with Medicaid Operations and Managed Care Divisions) with emphasis in the areas of Maternal/Child Health and EPSDT.

Administrative Support Functions

The Health Care Authority maintains five additional administrative support functions, all of which report directly to the Authority Administrator. These functions are:

- Personnel. Responsible for developing Agency personnel policies and procedures and hiring of staff.
- Purchasing. Responsible for acquiring supplies, equipment and personal services on behalf of the Agency. This area also handles the execution of contracts with health plans and rural primary care providers on behalf of the Managed Care Division.

Revised 01-01-95

TN No. <u>95-07</u>	Approval Date <u>APR 28 1995</u>	Effective Date <u>JAN 01 1995</u>
Supersedes <u>88-11</u>		
TN No. <u>88-11</u>		
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- Legal Services. Responsible for all Authority legal activities and for coordinating these activities, as necessary, with the State Attorney General's Office.
- Fiscal Services (Office of the Comptroller). Responsible for establishing and maintaining a financial system for the Authority. Also performs the preparation of the Authority's annual budget and oversees payroll/accounts payable/accounts receivable.
- Public Education and Information. Responsible for Agency public affairs activities.

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New 01-01-95

TN No. *95-07*
Supersedes _____ Approval Date *APR 28 1995* Effective Date *JAN 01 1995*
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